



MISSOURI BOTANICAL GARDEN

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GEORGE ENGELMANN BOTANICAL NOTEBOOKS

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BALTIMORE MEDICAL AND SURGICAL SOCIETY,

MEETING OF 22ND SEPTEMBER.

DISCUSSION ON POST PARTUM HEMORRHAGE.

REPORTED BY GEORGE H. ROHÉ, M. D.

Dr. Aug. F. Erich opened the discussion of the appointed subject, *post-partum hemorrhage*, by calling attention to the interest which the subject must always have for the general practitioner. The occurrence of hemorrhage after delivery is frequently so alarming in character that the life of the patient depends upon quick decision and prompt action.

Under post-partum hemorrhage, Dr. Erich includes all hemorrhages occurring after delivery of the child. These may be divided into *a*, hemorrhage occurring with the uterus contracted, and *b*, with the uterus uncontracted.

Dr. Erich said he should devote more time than is usually given to the consideration of hemorrhages occurring when the uterus is contracted. The possibility of dangerous hemorrhage under this condition did not usually occur to the practitioner who considered a contracted uterus a guarantee of the mother's safety. He regarded this as sufficient excuse for dwelling at some length upon the causes of post-partum hemorrhage with contracted uterus.

First of these causes demanding notice is *rupture of the uterus*. This is easy of diagnosis. The finger inside of the uterus and counter-pressure on the abdominal walls from without will readily discover any rent in the uterine tissue. Signs of collapse are also present, such as a pale, anxious expression, fluttering pulse, &c. The treatment consists in the hypodermic injection of fluid extract of ergot. To obtain a rapid effect, and avoid danger from abscess, the ergot should be deeply injected. The speaker has never seen an abscess following a hypodermic injection well performed. A good, reliable preparation of ergot is necessary; Squibb's should always be used if obtainable. The fluid extract answers all purposes. Ergotine is not necessary.

Hemorrhage may also occur from *rupture of the cervix*, the uterus being

well contracted. The rent is easily detected by the finger. A Sims' or Erich's speculum should be introduced and the bleeding vessel seized with forceps and twisted. If this cannot be done, lint or absorbent cotton, rendered styptic by saturating it with Monsel's solution, should be firmly pressed upon the bleeding point and kept in place by a tampon.

Rupture of the vagina may also give rise to hemorrhage. This accident not rarely occurs in difficult labors, especially in forceps or version cases. E. has ruptured the vagina in removing a large uterine polypus. The treatment is the same as in the condition last mentioned.

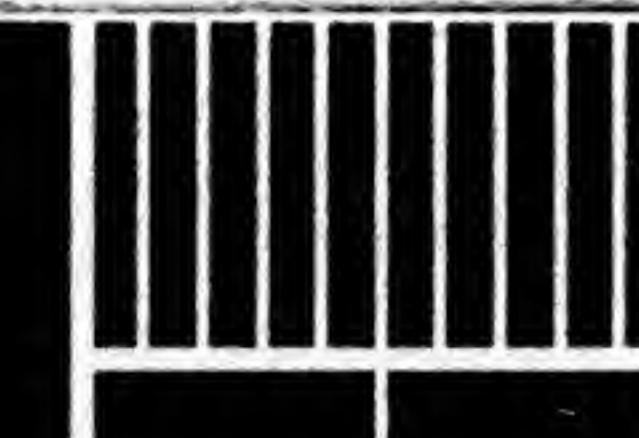
Vessels of considerable size are sometimes torn through in *rupture of the perineum*, and give rise to considerable bleeding. The source of the hemorrhage in these instances is directly under the eye, and the treatment is evident; torsion or ligature of the vessels, or if much oozing be present, packing the rent with styptic lint.

The plexus of vessels composing the *bulbs of the vestibule* may be ruptured during labor and give rise to no inconsiderable hemorrhage. This is easily controlled by pressure and styptics.

A pudendal hematocoele may form during the progress of a labor and rupture at its termination. On account of the rich vascular anastomosis in the female pelvis, hemorrhage from this source may be very troublesome. The treatment consists in slitting open the tumor, turning out the blood, packing the cavity with styptic lint and applying pressure from without. This soon arrests the bleeding.

In all of these instances, the actual loss of blood may be small and insignificant under ordinary circumstances; but the patient may be so much weakened from previous hemorrhage, that the loss of even a small quantity would be an element of great danger which should be guarded against by all means in the hands of the practitioner.

Intra and sub-peritoneal rupture of a uterine vessel may rapidly cause collapse and death. In the former case, no absolute diagnosis could be made, and even if so, there is no treatment that can be applied, except laparotomy and tying the vessel. Fritsch reports a case in the *Archiv fuer Gynäkologie, Bd. 12*,



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in which death took place from intra-peritoneal hemorrhage consequent upon rupture of a uterine vein. In sub-peritoneal hemorrhage from this cause, a pelvic hematocoele would be formed. No treatment is necessary, unless collapse should call for the employment of stimulants.

The uterus may be contracted to a considerable degree, and yet a vexatious oozing may continue in subjects of the *hemorrhagic diathesis*. Hypodermic injections of ergot may stop the bleeding. If not, mopping the cavity with a styptic, the most effectual being Monsel's solution, is indicated. The clots formed by the iron sometimes undergo decomposition in the uterus and are resorbed, causing septicæmia. This is not likely to occur, however, when the uterus is only mopped out with the sub-sulphate instead of the solution being injected, because the coagula are brought away with the mop. A sponge probang may be saturated with the styptic, carried into the uterus and the whole cavity thoroughly swabbed with it.

In certain, somewhat rare, cases of labor, that portion of the uterus to which the placenta is attached fails to contract, and expel the afterbirth. This condition is due to a fatty degeneration of that portion of the uterine wall, resulting in a paralysis of the muscular tissue. German writers recognize this condition as "*paralysis of the placental site*." Playfair speaks of it as "*encystment of the placenta*." The paralyzed portion of the uterus fits into the rest of the organ like a piece of soft sole leather. The uterine contraction may force the placental site to bulge outward or inward, forming either a tumor or a depression on the external surface of the uterus. If the placenta is let alone, in these cases, there will be no hemorrhage, and it will gradually undergo fatty degeneration and resorption. If, however, it is already partly detached, it should be at once removed, lest it give rise to troublesome hemorrhage or septicæmia. If the placenta is detached and there is hemorrhage from the site of its attachment, Monsel's solution should be applied with a sponge or other mop.

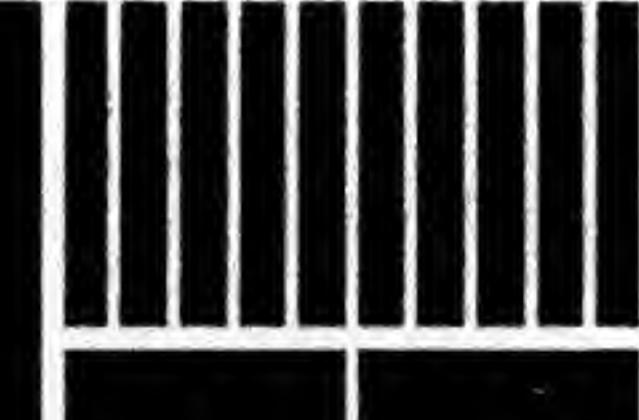
In cases of *divided placenta*, where one or more of the cotyledons remain

behind in the uterus, there may be dangerous hemorrhage. Prof. Wm. T. Lusk has recently reported a fatal case of this kind to the New York Obstetrical Society. The finger introduced into the uterus will readily discover it. The placental fragment should be at once detached, either with the finger nail if that be practicable, or by means of Thomas' vaginal depressor, used as a curette. Properly used, this instrument is perfectly safe, and is certainly most effective for this purpose. In several cases of metrorrhagia of several months standing, from partial retained placenta, E. used it with the happiest effect.

Submucous and intra-mural fibroids, and peritoneal adhesions may prevent entire contraction of the uterus, and thus cause persistent, and in some cases dangerous hemorrhage. In these conditions, the consistent application of styptics is the only therapeutic resource.

Puerperal inversion of the uterus is a rare accident, but when it occurs death may result from hemorrhage before repossession. When partial, the upper portion of the tumor will be found surrounded by a collar or jacket, which is the cervix. This should be dilated by Thomas' dilator, an instrument somewhat resembling a glove-stretcher, and the uterus restored by steady, firm pressure. In a recent case of complete inversion to which the speaker had been called, the uterus was restored by first dilating the cervix from above, the fingers of the left hand forming a cone, and pressing the abdominal wall down into the narrow cup-shaped depression of the cervix. The vaginal tumor was then grasped with the right hand and one horn of the uterus forced back through the cervix. The other horn was then pushed up in the same manner, completing the reduction. In cases where reduction cannot be accomplished, Monsel's solution should be applied.

B. *Hemorrhage from an uncontracted uterus.* Non-contraction of the uterus causing hemorrhage may be due to *retained placenta*. The patient should be anæsthetized, the hand introduced into the uterus and the placenta detached from above. It can be detached much more readily in this way than from below. Expression of the placenta (Crede's method) may also be tried.



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Opuntia arborescens (Vahl) south of Tucson Sept 25 1880
Trunk 4" thick, very bushy, much branched head, 4' high
Spines few, bark smooth.



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Opuntia caracasana

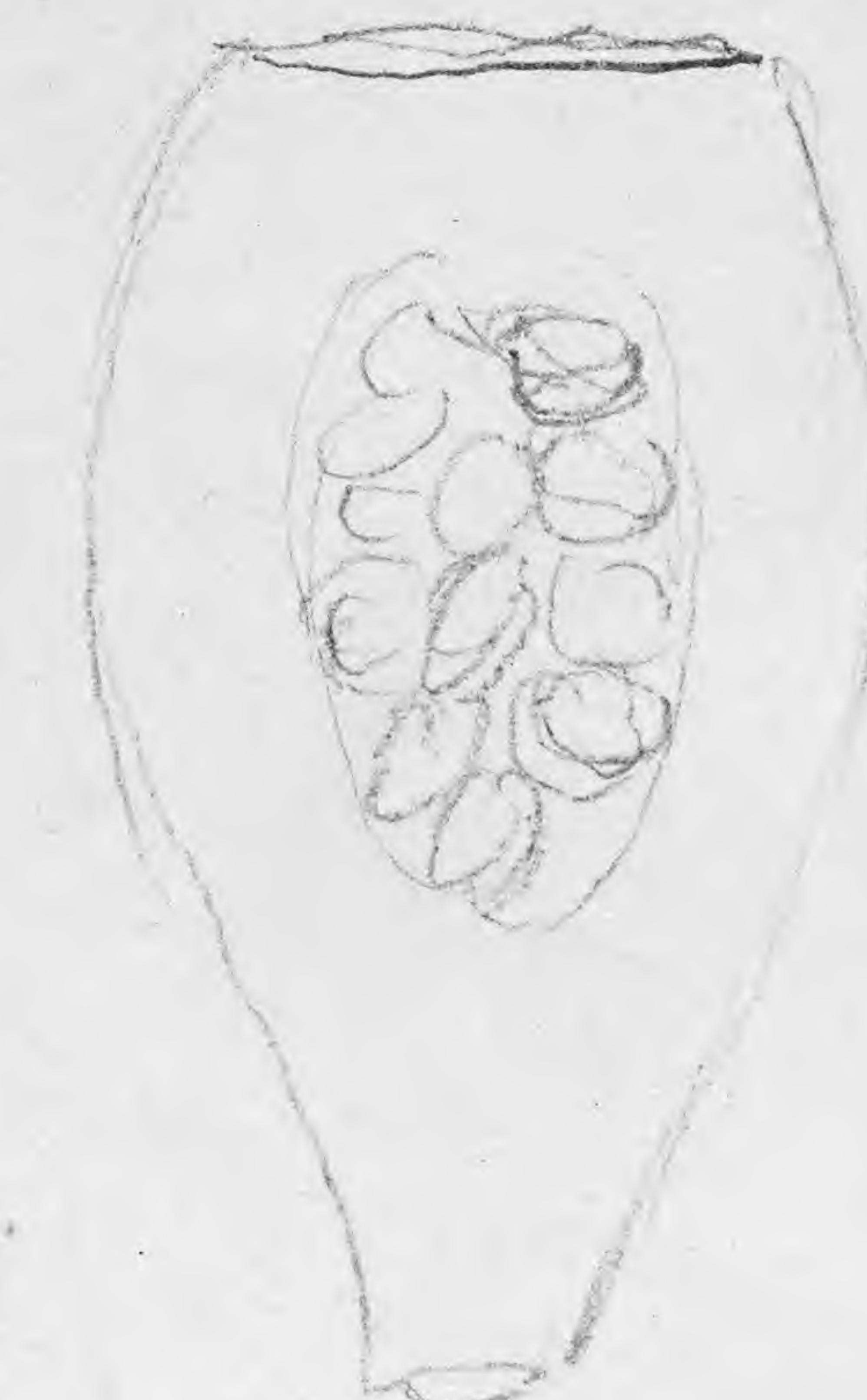
March 28 1881

umbilicus mostly flat Arizona March 1881, C.C. Parry



8 areoles on fruit
5 — on edge with flat

13



longest diameter 6-7 mm



seeds x 4 very thick,
knobby, very irregular,
commonly with broad, mostly immured



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Herbary in Botanizing

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Geo. Engelmann, M. D.,

No. 3003 Locust Street,



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After Measurements &c

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Opuntia arborescens Engel ^{Ajo} Maricopa March 22nd 1881

D. C. Parry

Tree shaped trunk 1 foot 3 inches high

circumference 1 foot 9 inches

bark dark longitudinally furrowed, wood solid

2 main branches short, dividing into numerous laterals.
lower ones extending nearly horizontal finally forming a round topped
head, like a dwarf apple tree, light green color, mostly smooth
spread of branches radius of 4 ft., larger branches smooth brown
or greenish with a thin pelicle peeling off.

Upper young branches divaricately spreading in irregular whorls.
Extreme tips of branches with clusters of fruit, occasionally
proliferous to shrunk at other times plump full of seed
smooth greenish & yellowish. Whole plant very densely branched
does not look like a Cactus in the distance.



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Arizona

Feb 1868

Opuntia macrorhiza

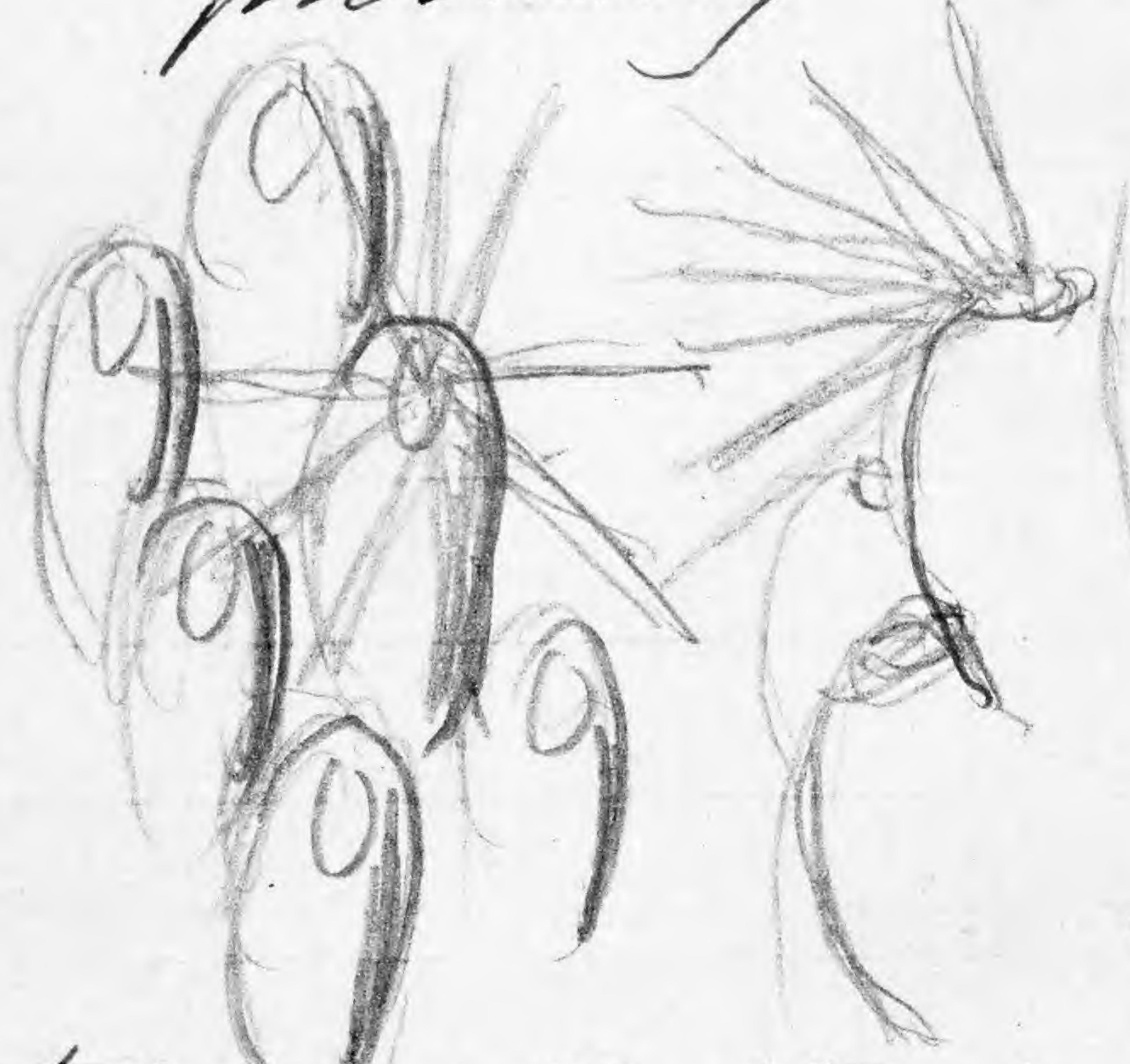
Coll. Palau 91
(private number 105)

Only a few branches 3-4 inches long 1/4-1/2 inch
diameter

plant wide spreading 5-6 feet high, Tucson
Aug 10 in fl. & fruit at same time. At
tubercles 9-10 l. long, 4-5 l. wide strongly
protruding in $\frac{3}{8}$ arranged, lowest tubercles
much smaller and with smaller few
spines. — Spines 8 or 9 long l.
long slender, sheathed, areoles large,
prominent.

fruit about fleshy, greenish
brown, soft or even pulpy; tubercles
about 22-25 in $\frac{6}{11}$ or $\frac{8}{13}$ arranged; with
large areoles light brown woolly even
when fully ripe umbilicus deep
seed much compressed, irregular, regular
but more regular than No 92, comissure
about the same - size smaller, $1\frac{1}{2}$ in. dia
or even less

flower brown-pink ("magenta colour") 10-11 l.
diameter; ovary 9 or 10 l. long; with 20-25 pro-
minent white large areoles; leaves on it about 1 l.
long; about 8 oblong, cuspidate sepals - as many
spatulate petals - 5 rose-coloured stigmas spreading



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O. Montalto Ph.D.

his statement
with enclose
(only one leg)
and
red impala mala



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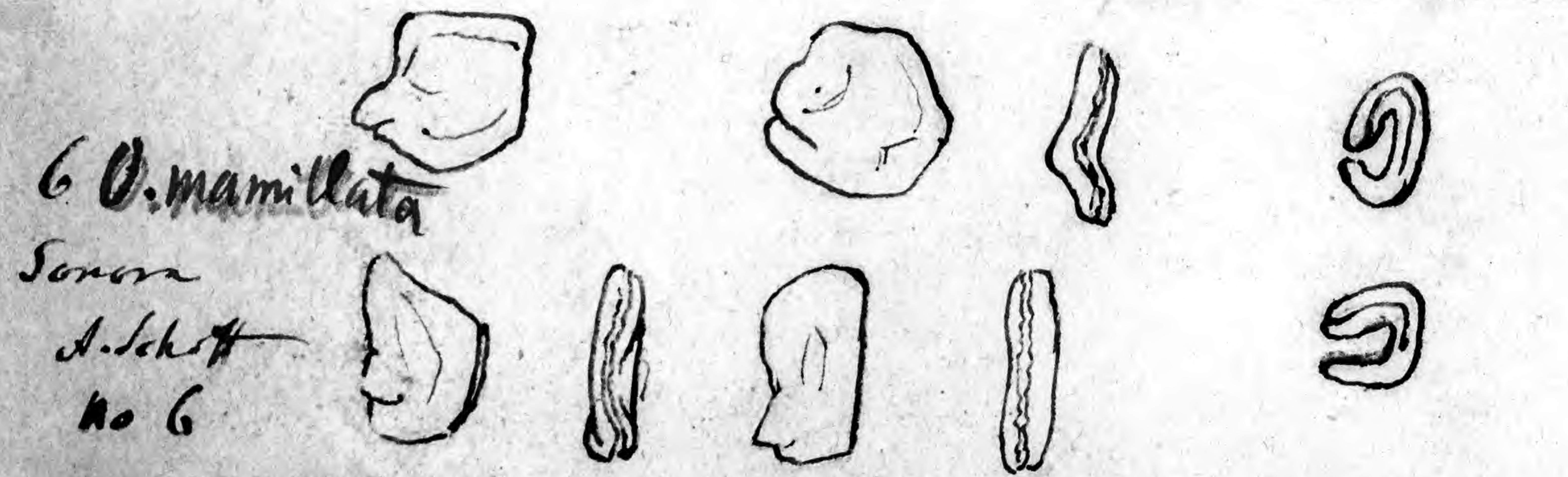
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6 *O. mamillata*

Sonora

A. Schott

No 6

18-20 awl-like on fruit

Seed irregular small angular,
more or less quadrangular and thin about
1.3 - 1.4 in both dimensions; or high
and thin only 0.8 - 1.0 broad and 1.5 - 1.6
high; 0.4 as thick. Comma sum 0.1
wide, — Embryo 0.8 - 0.9 in. long
slightly decurved in 2 seeds examined.

Seed had embryos developed but
nonetheless did not seem quite
ripe



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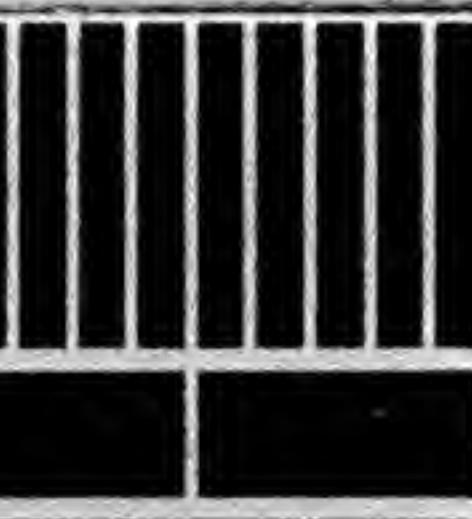
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O. mammillata

March 26 1876

Arizona Palm 1867 No. 105



about 20 areolar, some very large
flasky fruit.



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ALEX. LEITCH,
APOTHECARY & CHEMIST,
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Arizona

Feb 1868

, *Opuntia macrorhiza*

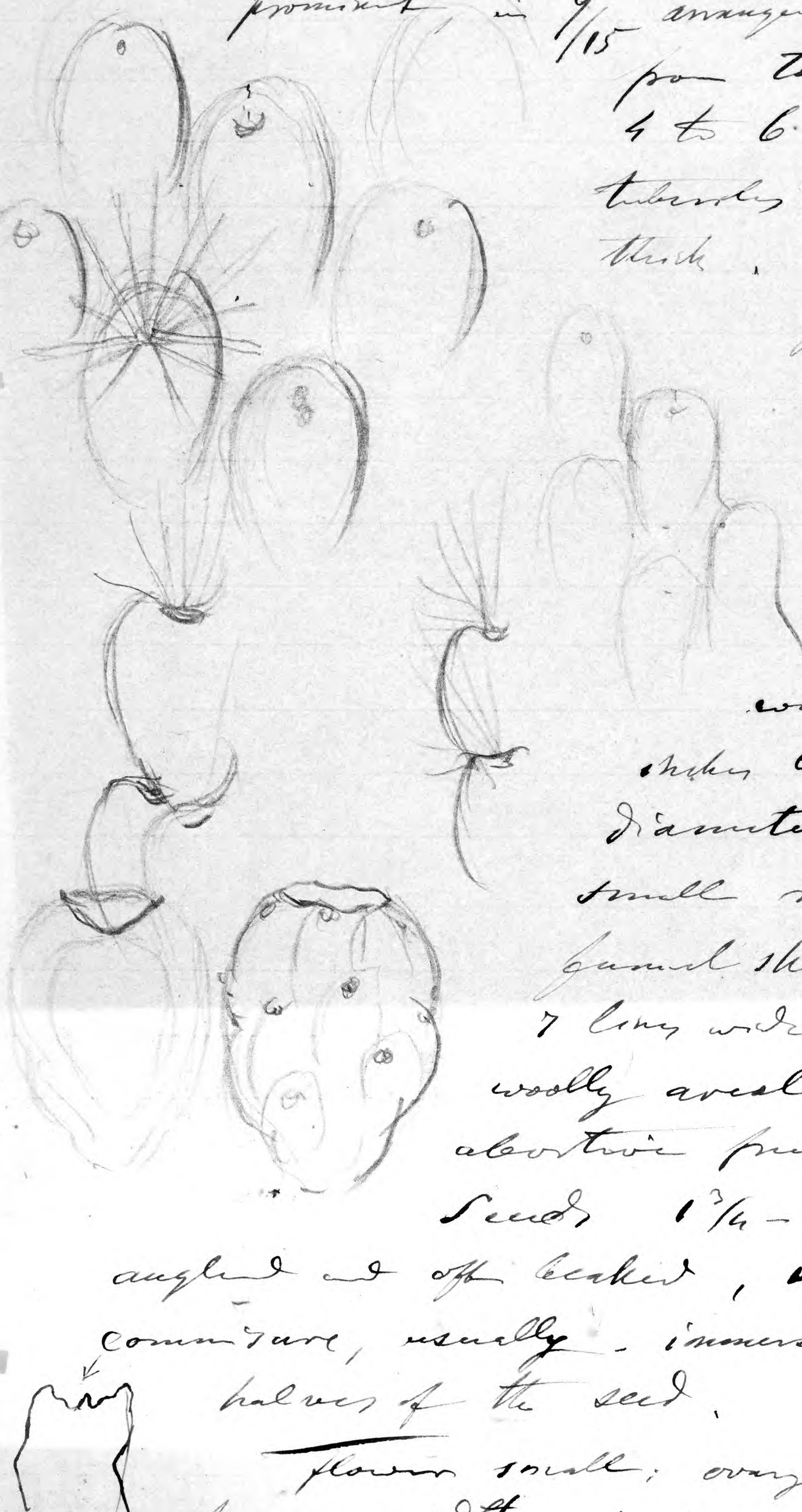
Coll. Palmer 92 (private
number 100)

"fuzzy cactus, blooms at night, bright pink; petals reflexed;
fruit green pulpy, ripens after flowering" (not thick fruit
together as in other species) fl. May 15-20

Camp Grant, Southern Arizona

Stem before me almost 3 inches dents (without spines).

Tubercles about 1 inch long or longer, $\frac{1}{4}$ inch wide, moderately
prominent, in $\frac{9}{15}$ arranged, 1 pair stout branches
from top of this, with 8/13 arranged
4 to 6 inches long $1\frac{1}{2}$ thick
tubercles $\frac{3}{4}$ inch long and about $\frac{1}{2}$ inch
thick. Spines 12-16 on main stem,
2-3 "darkly, slender, sharp,
on the branches 6-10 spines
areolar somewhat
immersed



Berry dry dark green
with brownish, $1\frac{1}{4}$ - $1\frac{1}{2}$
inches long 1 inch or more in
diameter - obovate; with rather
small with semi-pearl or slightly
gummed sharp umbelliferous, about
7 long wide, 20 or 28 light brown
woolly areolar - spines only in
abortive fruits - fr. off ^{with} ~~proliferous~~ ^{being} stalk
Seeds $1\frac{1}{4}$ - 2 lines long, very irregularly
angled & off centered, with a linear, sharp
commissure, usually ^{immersed} between the protruding
halves of the seed.

Flower small; ovary $\frac{1}{2}$ inch long; fl. apparently
of some width; 4-8 very short transverse, sharply
obcordate greenish sepals; 7 or 8 spatulate petals or
reflexed petals ^{pinkish} $3\frac{1}{2}$ by $\frac{1}{2}$ to $\frac{3}{4}$ inch, yellow, exterior red; anthers
5 or 6 obovate and stigmatic capitate conining



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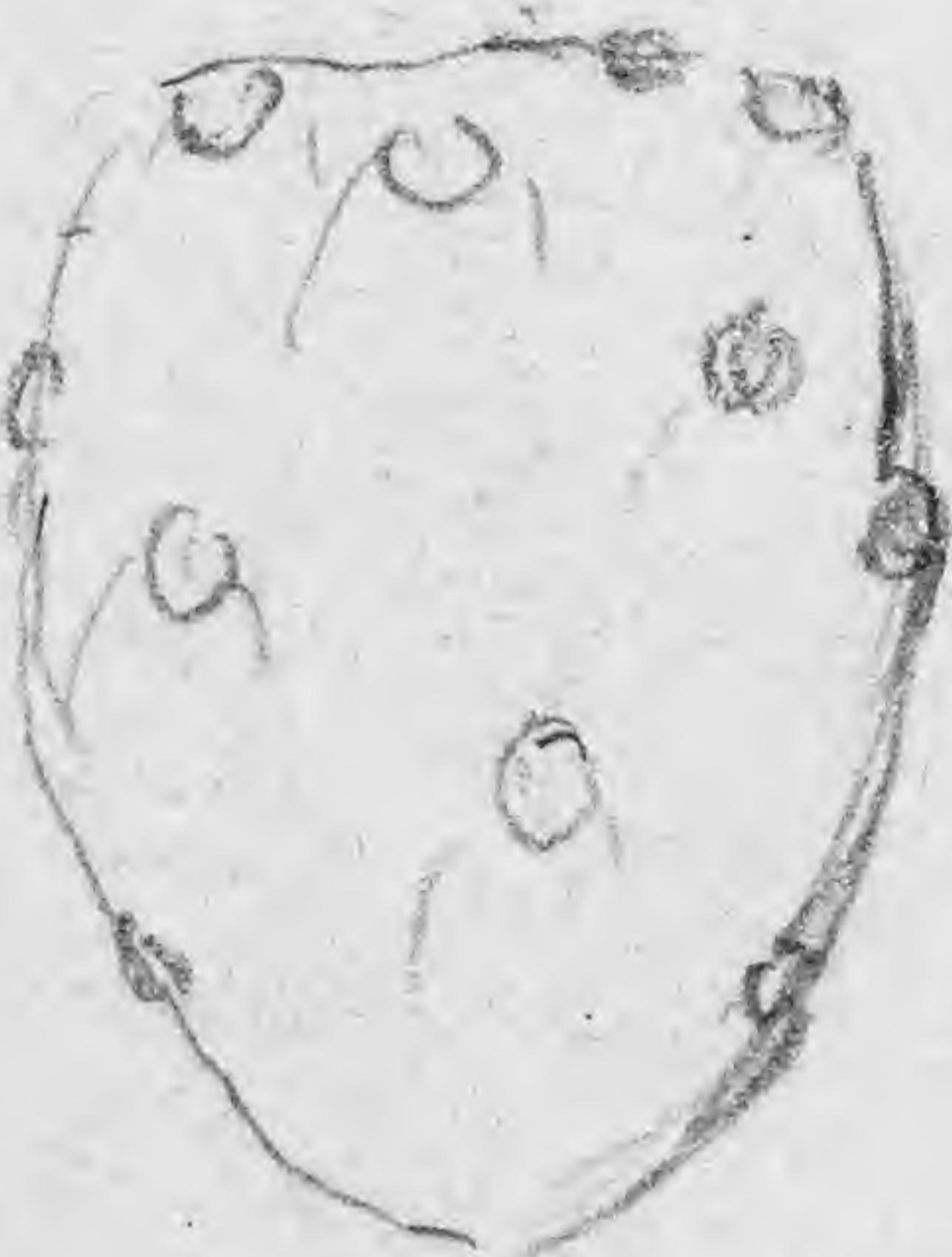
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Opuntia mammillata
Mesa south of Tucson Sept 1880

March 29 1881



x4



about 18 mm
- 20 tall

seeds small $3 \times 3\frac{1}{2}$ mm diam. thick
very irregular, sometimes beaked
with a narrow but very flat commissure

seeds smaller and with narrower
commissure, than *O. fuliginosa*, otherwise similar



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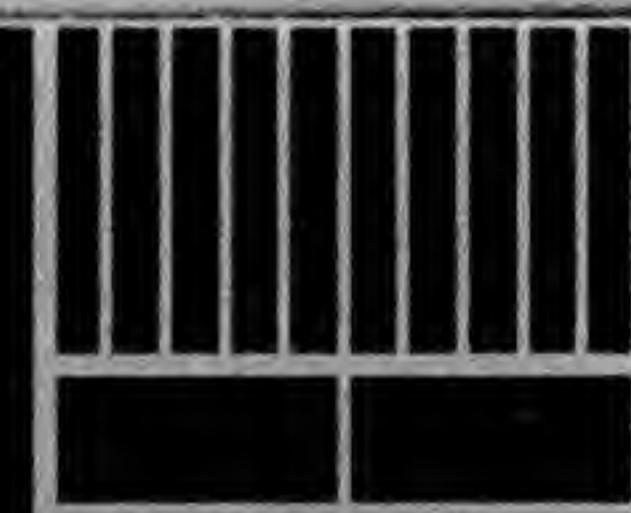


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